

TRANSFER IN ELIGIBILITY FORM FOR INTERNATIONAL STUDENTS

To the Student: Please complete Section 1 of this form, then request the international student advisor (DSO) at your current school complete Section 2.

To the DSO: The student named below has been admitted to Saint Mary's University of Minnesota – Winona Campus. We request your assistance in completing Section 2 below and returning this form to the email, mail, or fax contacts provided below. *Saint Mary's University of Minnesota - Winona Campus school code is: SPM 214F00250000*

Section 1: To be completed by the student

Name (as listed in your passport):		
Family: _____	First: _____	Middle: _____
Country of citizenship: _____		Date of birth (month/ day/year): _____
Student signature: _____		Date signed (month/ day/year): _____

Section 2: To be completed by the PDSO/DSO

Student's SEVIS ID number: _____		I-94 admission number: _____	
Term student last attended full time at your institution: _____		Year: _____	
Based on CIS regulations, is the student maintaining legal F-1 status and eligible for transfer? ____ yes ____ no			
If no, has your office filed a reinstatement application? ____yes ____no		Provide explanation if necessary: _____	

Name of program/degree enrolled in: _____		Program/degree completed? ____ yes ____ no	
If your institution is a U.S. public secondary school (High School), date student first enrolled(month/day/year): _____			
Date student last re-entered the U.S. from travel abroad (month/day/year): _____			
Person (PDSO/DSO) completing this form:			
Name: _____		Signature: _____	Date: _____
Title: _____			
Institution name and address: _____			

Email: _____		Telephone: _____	Fax: _____
SEVIS TRANSFER RELEASE DATE (month/day/year): _____			

Please email, mail, or fax this form to:

Office of Admission ♦ Saint Mary's University of Minnesota-Winona Campus
700 Terrace Heights #2 ♦ Winona, MN 55987-1399
Email: admission@smumn.edu Telephone: (507) 457-1700 Fax: (507)-457- 1722